I, Timothy B. Cook, D.O.B. _____, hereby authorize the National Crime Information Center (NCIC) to release any and all information that it may have pertaining to him to the Minneapolis City Attorney's Office, or any of its representatives or employees.

This information is needed for the purposes of civil litigation. A photocopy of this document is as valid as the original bearing my signature.

Dated: _____

_____
Signature

AUTHORIZATION TO RELEASE DOCUMENTS

I, Timothy B. Cook, hereby authorize the Hennepin County Sheriff's Department to release any and all documents that it may have pertaining to me to the Minneapolis City Attorney's Office, or any of its representatives or employees.

This authorization specifically includes, but is not limited to, booking photographs, jail records, medical records, internal affairs documents and jail behavior records.

This information is needed for the purposes of civil litigation. A photocopy of this document is as valid as the original bearing my signature.

Dated _____

_____
Signature

AUTHORIZATION FOR RELEASE OF PRIVATE HEALTH INFORMATION

PATIENT:

_____
Name

_____
Address City State Zip

_____ _____
Birth Date Social Security Number

INFORMATION TO BE RELEASED TO:

Office of the City Attorney – City Of Minneapolis
333 7th Street, Suite 300, Minneapolis, MN 55402-2453 (612) 673-2010
and/or authorized agent of the Office of the City Attorney:_____

_____
Address Telephone

CUSTODIAN OF RECORDS:

_____
Hospital/Doctor

_____
Address Telephone

INFORMATION TO BE RELEASED:

X	Discharge Summary	X	Treatment for alcohol and/or drug abuse, sickle cell anemia and/or mental problems	X	Counselor's Discharge Summary
X	Nurses' Report			X	Physical Therapy Records
X	Consultation Reports			X	X-Ray Reports/Films
X	Itemized Billing Statement	X	History & Physical Exam	X	Correspondence
		X	Laboratory Reports	X	Pharmacy Records
X	Scan/CT Reports	X	MMPI	X	EMG
X	Doctor's Reports	X	Operative Reports	X	Narrative Reports
X	Pathology Reports	X	EKG	X	Records from any other treatment provider in the file

PURPOSE: This information is needed for the following Purpose: (Case/claim)_____

_____

- This authorization will automatically expire upon the final adjudication of or settlement of the lawsuit or claim for which the information is sought.
- This authorization may be revoked by written request of the patient at any time to the address listed for the Office of the City Attorney. A revocation will not apply to information that has already been released in response to this authorization.
- Once information is released pursuant to this authorization, the information may be subject to re-disclosure by the recipient and may no longer be protected by the federal privacy rule, 45 CFR Parts 160 and 164.
- With the exception of psychotherapy notes, all records pertaining to psychiatric/mental health, chemical dependency and /or AIDS/HIV related illness/testing will be released unless otherwise indicated by a checkmark here: ____. Please indicate any restrictions: (Specify) _____
- This authorization must be filled out completely and signed and dated in order to be considered valid.
- A copy of this authorization will be considered as valid as the original authorization.
- Treatment, payment for services, enrollment and eligibility for benefits are not contingent upon the signing of this authorization form.

PATIENT'S/ AUTHORIZED PERSON'S SIGNATURE:

_____
Signature of Patient/Authorized Person Authorized Person's authority to sign Date

Reason Patient is unable to sign: Minor Deceased Other:_____

I, Charles E. Cook , D.O.B. _____, hereby authorize the National Crime Information Center (NCIC) to release any and all information that it may have pertaining to him to the Minneapolis City Attorney's Office, or any of its representatives or employees.

This information is needed for the purposes of civil litigation. A photocopy of this document is as valid as the original bearing my signature.

Dated: _____

_____
Signature

AUTHORIZATION TO RELEASE DOCUMENTS

I, Charles E. Cook, hereby authorize the Hennepin County Sheriff's Department to release any and all documents that it may have pertaining to me to the Minneapolis City Attorney's Office, or any of its representatives or employees.

This authorization specifically includes, but is not limited to, booking photographs, jail records, medical records, internal affairs documents and jail behavior records.

This information is needed for the purposes of civil litigation. A photocopy of this document is as valid as the original bearing my signature.

Dated _____

_____
Signature

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

PATIENT: Cook, Charles E.
Name

Address

Birth Date Social Security Number

AUTHORIZED PERSON TO OBTAIN RECORDS OFFICE OF THE CITY ATTORNEY – CITY OF MINNEAPOLIS
Attorney
333 7th Street, Suite 333, Minneapolis, MN 55402-2453
and/or their agents, Medical Records, Inc.

CUSTODIAN OF RECORDS _____
Hospital/Doctor

_____
Address

INFORMATION TO BE DISCLOSED

X	All information, including but not limited to the following:		
X	Discharge Summary	X	Treatment for alcohol and/or drug abuse, sickle cell anemia and/or mental problems
X	Nurses' Report		
X	Consultation Reports		
X	Itemized Billing Statement	X	History & Physical Exam
		X	Laboratory Reports
X	Scan/CT Reports	X	MMPI
X	Doctor's Reports	X	Operative Reports
X	EMG	X	Narrative Reports
X	Pathology Reports	X	EKG
X	X-Ray Reports/X-Ray Films	X	(all) Correspondence
X	Any and all other Information in your Possession	X	CHART (SPECIFY) Entire chart, including all correspondence and all records from any other treatment providers; no exceptions

PURPOSE This information is needed for the following purpose:

_____ Insurance Claim
X Lawsuit
_____ Other Workers' Compensation Litigation

REVOCATION I understand that I may revoke this consent at any time, and that upon fulfillment of the above-stated purpose(s), this consent will automatically expire without my express revocation.

ATTENTION PUBLIC FACILITIES: Minnesota Statutes § 15.163 require automatic expiration of this authorization one year from date of authorization.

AUTHORIZATION This will authorize you to release to the above Authorized Persons for their review and their copying, all of the information listed hereon in your possession, including but not limited to medical records maintained while I was a patient during _____ and at any other time during my lifetime.

PATIENT'S SIGNATURE _____
Signature Date

Photocopy: A copy of this authorization shall be treated as an original.

STATE OF MINNESOTA **DISTRICT COURT**

COUNTY OF HENNEPIN **FOURTH JUDICIAL DISTRICT**

Charles Everett Cook, Sylvia Mae Cook, and Timothy Blake Cook, natural persons,

Plaintiffs,

v.

Court File No.: 06L-0022 (DWF-AJB)

DEFENDANTS' INTERROGATORIES TO PLAINTIFF

City of Minneapolis, a municipal entity; Minneapolis Police Officer Mark Johnson, Badge #003459, in his individual, personal and official capacity; Sgt. D. Smulski, in his individual, personal and official capacity; Officer K. Blackwell, in his individual, personal and official capacity; Officer Geoffrey Toscano, Badge #007257, in his individual, personal and official capacity; Officer Bevan Blauert, Badge #003459, in his individual, personal and official capacity; Officer Jon Petron, Badge #4671, in his individual, personal and official capacity; Officer Christopher House, Badge #3165, in his individual, personal and official capacity; Sgt. Robert Kroll, Badge #003874, in his individual, personal and official capacity; Officer Christie Nelson, Badge #4959, in his individual, personal and official capacity; Officer William Willner, Badge #7783, in his individual, personal and official capacity; Officer Westlund, Badge #7674, in his individual, personal and official capacity; Officer Roger Smith, Badge #006689; Officer Jason King, Badge #003704, in his individual, personal and official capacity; Officer Timothy Hands, Badge #002660, in his individual, personal and official capacity; and Officers Jane Doe and Richard Roe, unknown and unnamed Minneapolis Police Officers, in their personal, individual, and official capacities,

Defendants.

TO: Plaintiffs above-named and their attorneys, Albert Goins, Goins & Wood, 301 Fourth Avenue South, 378 Grain Exchange Building, Minneapolis, Minnesota 55415, and Maya Sullivan, 3948 Central Avenue N.E., Ste. 103, Minneapolis, MN 55421.

PLEASE TAKE NOTICE, pursuant to Rule 33, Federal Rules of Civil Procedure, demand is hereby made that Plaintiff provide sworn answers and responses to the following Interrogatories within the time period prescribed by law.

PLEASE TAKE FURTHER NOTICE that pursuant to Rule 26(e), Federal Rules of Civil Procedure, these Interrogatories are deemed to be continuing and any additional or subsequent information you receive relating to the subject matter of this discovery must be furnished to the undersigned. OBJECTION WILL BE MADE AT THE TIME OF TRIAL AGAINST ANY ATTEMPT TO INTRODUCE EVIDENCE WHICH IS DIRECTLY SOUGHT BY THESE INTERROGATORIES AND WHICH HAS NOT BEEN PREVIOUSLY DISCLOSED.

INSTRUCTIONS

1. Pursuant to Rule 33, Federal Rules of Civil Procedure, answer each Interrogatory separately and fully, in writing, under oath, unless it is objected to, in which event the reasons therefor must be stated in lieu of an answer.

2. The term "identify" when used by these Interrogatories in reference to any individual person means to state the full name, the present or last known address and telephone number and the present or last known place of employment of each such individual.

3. The term "identify" when used by these Interrogatories in reference to a document or statement means to state the type of document or statement, the date, the author and/or the person executing the item, the person(s) having custody or control over the item and the item's location.

4. The term "statement" when used by these interrogatories means any written statement signed or otherwise adopted or approved by the person making it or a stenographic, mechanical, electrical or other recording or a transcription thereof which is substantially a verbatim recital of an oral statement by the person making it and contemporaneously recorded.

5. The term "document" means the original and any copy (by any means made) regardless of origin or location of any written, printed, recorded, transcribed, punched, taped, filmed, or graphic matter, however produced or reproduced, including but not limited to any telegram, book, pamphlet, manual, magazine, letter, memorandum, report, check, checkstub, record study, handwritten note, working paper, diary, chart, paper, graph, drawing, purchase order, invoice, bill of lading, blueprint, plan, specification, sketch, layout, schematic, interoffice memoranda, inter-personal communication, photograph, warranty, contract, agreement, opinion, index, tape, disk, data sheet, data process card, computer storage device, or any other medium in possession of you or your attorney of record.

6. An evasive or incomplete answer is deemed to be a failure to answer within the meaning of Rule 37, Federal Rules of Civil Procedure.

INTERROGATORIES

1. For each Plaintiff, state the full name, all other names by which they have been known, social security number, marital status, home address, business address, education, occupation and date of birth of each Plaintiff.

2. For each Plaintiff, give the full name and address of the present and any prior spouse(s).

3. For each Plaintiff, state the full name and address of present and all prior employers since January 1, 1985, and for each give the dates of employment, the name and business address of the immediate supervisor and the reasons for leaving.

4. Have any of the Plaintiffs ever filed any other claims for damages of any kind against any public body or public official? If so, fully identify the exact nature of such claims, the parties to such claims, where such claims were filed and the disposition of each.

5. Have any of the Plaintiffs ever been the claimant, petitioner or plaintiff in any other claim for personal injury arising from an accident or other event, including Workers' Compensation claims? If so, state fully and in detail all facts of such claim, the dates thereof, the identity of all parties thereto, the injuries sustained and whether or not those injuries were deemed permanent.

6. Fully identify each and every medical professional each of the Plaintiffs have consulted or received care or treatment since January 1, 1985, and for each include their present address, the reason or condition which caused Plaintiff to receive care or treatment and the dates thereof.

7. For each Plaintiff, fully identify each and every medical care institution, clinic or hospital in which any Plaintiff has received care or treatment since January 1, 1985, and for each give the dates and reasons for such care or treatment.

8. Have any of the Plaintiffs ever been treated or counseled for a chemical problem of any kind? If so, fully identify the nature of the chemical problem, the name and address of the treating person(s), institution or entity and the inclusive dates of treatment.

9. Have any of the Plaintiffs ever been treated or counseled for a problem involving mental or emotional health? If so, fully identify the nature or the mental or emotional problem,